L12000011442

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DATE: 07-24-2012

NAME: HEALTH INFORMATION DESIGNS, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUJA HOWE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: _	HEALTH I	NFORMATION DES	IGNS, LLC	
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		391 Industrial Drive		
			SEC TALL	
		Aubum, AL 36832	20 F -	
		391 Industrial Dri	ve Se Se	
			是 學 是	
		Auburn, AL 36832	<u> </u>	
February 6, 2012	_	L120000174	442 召前 语	
3. Date of filing/registration in Florida	4.	. Document number		
5. (a) Registered Agent and Registered Of	fice shown on th	e records of the Florida De	ept. of State:	
Registered Agent:		CT Corporation System		
Registered Office Address:		1200 South Pine Island Road		
	-	Plantation, Florida 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:		National Corporate Research, Ltd., Inc.		
NEW Registered Office Address:		155 Office Plaza Drive		
<u>(MUST BE FLORIDA STREET AL</u>		Tallahassee ,FL 32301		
If the limited liability company is not organic confirmed that after the change or changes a and the business office of the registered ager liability company, it is hereby confirmed that of the members of the limited liability comport the operating agreement of the limited liability comports of the limited liability comports of the limited liability comports.	any or as otherw bility company.	ws of the State of Florida, orida street address of the real. Or, in the case of a Flow was/were authorized by an vise provided in the articles	it is hereby egistered office orida limited affirmative vote s of organization	
Printed or typed name of signee				
I hereby accept the appointment as register comply with the provisions of all statutes reland I am familiar with and accept the obligation of the complex of the configuration of the limited liance of the configuration of the limited liance of the liance	ed agent and ag ative to the prop ations of my posi- ing filed to mere ability company	ree to act in this capacity. per and complete performa ition as registered agent as gly reflect a change in the t has been notified in writin	I further agree to mice of my duties, s provided for in registered office g of this change.	
1 I		7, Tallahassee, FL 32314	ı	

INHS18 (05/08)